

Vermont Alcohol and Drug Abuse Council Meeting Minutes

Extended Session
Three Stallion Inn, Randolph
Wednesday, July 27, 2016
10:00AM to 2:00PM

Attended: Heidi Klein, Kate Davies, John Gramuglia, Mark Weikert, Karen Casper, Barbara Cimaglio, Robert Uerz, Stuart Friedman, Kreig Pinkham, Marcia LaPlante, Lori Augustyniak, Peter Espenshade, Willa Farrell, Teresa Randall, Paul Dragon, Emily Hawes, Mitch Barron, Mark Depman

Regrets: Harry Chen, Hal Cohen, Scott Davidson, Keith Flynn, Melanie Gaiotti, Kalev Freeman, Chauncey Liese, Maria D’Heane, Frank Reed, Beth Tanzman

Purpose of the Council: Develop a set of recommendations on how to promote a strong, integrated substance abuse system of care across the continuum, from prevention through recovery. These recommendations will be presented to the Secretary of Human Services, and serve as the findings for the Council’s Legislative Report per **18 V.S.A. § 4803 and §4805**.

Meeting Goal: Identify a set of core principles for inclusion in the recommendations

Facilitator: Heidi Klein, Department of Health, Director of Planning and Healthcare Quality

The council split into three groups, brainstorming ideas about how we want to approach the issue:

Group 1:

Three ideas for a “full soul” –

1. Work
 - a. House work
 - b. Volunteering
 - c. Caretaking
2. Intellectual
 - a. Creative pursuits
 - b. Human beings, not human “doings”
3. Social
 - a. Family

- b. Relationships
- c. Community
- d. Human connection

Also discussed “normalizing distress”, making it less taboo to need help

How they want to pursue these three ideas is through:

- 1. Taxes
- 2. Availability
- 3. Education

Group 2:

- 1. Schools/community/systems approach
 - a. Local & school
 - b. Ex VA, CT systems
 - c. Robust statewide court diversion
 - d. Recovery housing – longer term
 - e. Safe and healthy
- 2. Understanding of addiction
 - a. Legalize and regulate
 - b. Community opportunity for youth
 - c. Breaking the blaming
- 3. Rational/scientific, not emotional approach
 - a. Develop holistic approaches that includes MH/SA and other support issues
 - b. Supply and demand issue

Group 3:

- 1. Connections
 - a. Within family
 - b. Between families
 - c. Within community
- 2. Change the conversation between
 - a. Behavioral health
 - b. Mental health
 - c. Physical health
 - d. Social health
 - e. Community health
 - f. NO MORE binary conversations.
- 3. Three layers:

- a. Life as lived and society/resources (house, structure)
- b. schools/outreach (grass, feeding)
- c. motivation in life, jobs, enjoyment, health, motivation to change (SAD), family strengths, social strength (ground, values)

Some common themes of discussion between the groups:

- local community and systems approach and supports
 - child welfare/education, housing, poverty, stress anxiety, short and long term support
- understanding of addiction
- opportunities for all stages of life,
 - affordable
- belonging in community
- positive risks
- continual development
 - all stages of life
- balance and full soul = no need to use
 - alternatives to deal with stress

Questions from the groups:

What underlies the behavior

What social supports are there?

How do we understand risks and build on assets?

How do issues in families and communities influence/affect?

How does labeling/treating as criminal affect us and our arguments?

What is the connection with social justice?

“x-Crisis”, labeling state “crisis” or “epidemic” and how that affects how we talk about it

WHOLE PERSON

- willingness to change

- whole person/whole family/whole community
- health & wellness priority
- public health, not social shame
- does it promote a common public health framework addressing substance abuse?
- consistent approach across substances

LOCAL

- local at all stages
- community based solutions, not statewide solution
- community specific
- community buy-in
- community minded
- universal prevention – equity for all communities

INFORMED

- speak the truth
- embrace reality of disparity in rates of use and abuse
- evidence based
- substance use/abuse is not inevitable
- under human development phases and policies that provide appropriate support of each level
- adolescent risk has a biological benefit
- model driven/ fidelity measurement
- almost everyone has substance use need, recognize the spectrum
- public awareness normalizes intervention
- avoid emotional decision making – what does science tell us?
- measurable

HUMAN-NESS

- creative

UFG STAGE

- person-centric
- treat the whole person
- developmentally matched
 - adapted to those in need, rather than one size fits all
- inclusive
- support and service should be accessible
 - reducing logistical and environmental obstacles

STRENGTH

- strength based
- focus on positive

PERSON & FAMILY CENTERED

- Does it help communities promote human development and resiliency?
- peer support
- social support
- support natural helpers
- support youth development
- does it address the social and emotional needs of the citizens? not only symptoms?
- early identification of problem
- family based
- family will always be first
- family focused
 - regardless of our current situation we all come from and carry a family system
- people recover
- rehabilitative
- holistic health perspective integration
- willingness to change

WHOLE SYSTEM/WHOLE COMMUNITY

- prevention is an investment
- workforce development
- not cost-benefit
- peer support

- long term perspective
- legal system role: similar to its role in reducing teen pregnancy
- not asking those doing the work to do more with fewer resources
- taxes matter. increase alcohol tax
- balancing all concerns to address the problem (family, school, work, etc.)
- policies that encourage/allow families to make healthy decisions
- state supported
- fosters integration
- support and service should be efficient
 - reducing administrative and systemic obstacles
- does it promote partnership between 2 or more sectors needed to address substance abuse
- no single solution
- understanding addiction and owning that SA is OUR problem (communities, across agencies, within families)

STRATEGIES

- defn. of regional HAS support
- map this out and connect
- small and rural approaches
- use AHS strategic plan as platform
- regional
 - opiate workgroups, regional alcohol and drug councils
- health lens in decisions
- strengthening families
- youth thrive
- alcohol tax